

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		12	5/23
FORMALITY REVIEW	BZ	897	07-03-01
RESPONSE FORMALITY REVIEW	BE	897	12-18-01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	1/15/02
2	2/1/02
3	2/1/02
4	2/1/02
5	2/1/02
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50	2/1/02

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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